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APPLICANTS

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**** FOREIGN APPLICATIONS *******

FINLAND 20045116 04/02/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and	<input type="checkbox"/> Met after Allowance				
Acknowledged	/DILEK B COBANOGLU/ _____ Examiner's Signature	Initials	FINLAND	8	28

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TITLE

Data Arrangement, Method, Dental-Care-Related Device and Software Product for Dental-Care Quality Assurance

FILING FEE RECEIVED 1930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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